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PTO/SB/21 (12/97)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/967,072	
	Filing Date	September 28, 2001	
	First Named Inventor	Jerome R. Bellegarda	
	Group Art Unit	2641	
	Examiner Name	unassigned	
Total Number of Pages in This Submission	41	Attorney Docket Number	4860P2638

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">1) Drawings (14 sheets, 15 figures)</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donna Jo Coningsby, Reg. No. 41,684 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 27, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: December 27, 2001			
Typed or printed name	Mark W. Baugher		
Signature		Date	December 27, 2001

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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

Complete if Known

Application No. 09/967,072  
Filing Date September 28, 2001  
First Named Inventor Jerome R. Bellegarda  
Examiner Name unassigned  
Group/Art Unit 2641  
Attorney Docket No. 4860P2638

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## METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

- ☒ Charge Any Additional Fee(s) Required  
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
☐ Applicant claims small entity status.  
See 37 CFR 1.27.

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
101	201	740	370	Utility filing fee	
106	206	330	165	Design filing fee	
107	207	510	255	Plant filing fee	
108	208	740	370	Reissue filing fee	
114	214	160	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

### 2. EXTRA CLAIM FEES

Total Claims Independent Claims Multiple Dependent

Extra Claims Fee from below

\*\* = X

\*\* = X

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
103	203	18	9	Claims in excess of 20	
102	202	84	42	Independent claims in excess of 3	
104	204	280	140	Multiple Dependent claim, if not paid	
109	209	84	42	**Reissue independent claims over original patent	
110	210	18	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater, For Reissues, see below

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet.	
139	239	130	130	Non-English specification	
147	247	2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
112	212	920*	920*	*Requesting publication of SIR prior to Examiner action	
113	213	1,840*	1,840*	*Requesting publication of SIR after Examiner action	
115	215	110	55	Extension for reply within first month	
116	216	400	200	Extension for reply within second month	
117	217	920	460	Extension for reply within third month	
118	218	1,440	720	Extension for reply within fourth month	
128	228	1,960	980	Extension for reply within fifth month	
119	219	320	160	Notice of Appeal	
120	220	320	160	Filing a brief in support of an appeal	
121	221	280	140	Request for oral hearing	
138	238	1,510	1,510	Petition to institute a public use proceeding	
140	240	110	55	Petition to revive - unavoidable	
141	241	1,280	640	Petition to revive - unintentional	
142	242	1,280	640	Utility issue fee (or reissue)	
143	243	460	230	Design issue fee	
144	244	620	310	Plant issue fee	
122	222	130	130	Petitions to the Commissioner	
123	223	50	50	Processing fee under 37 CFR 1.17(q)	
126	226	180	180	Submission of Information Disclosure Stmt	
581	281	40	40	Recording each patent assignment per property (times number of properties)	
146	246	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	740	370	Request for Continued Examination (RCE)	
169	269	900	900	Request for expedited examination of a design application	

Other fee (specify)

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

## SUBMITTED BY

Complete (if applicable)

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Registration No. (Attorney/Agent)

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Telephone

(503) 684-6200

Signature

Donna Jo Coningsby

Date

12/27/01

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